



## GOVERNOR'S COORDINATING OFFICES

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Crime Prevention, Youth, & Victim Services · Small, Minority, & Women Business Affairs  
Banneker-Douglass Museum · Volunteer Maryland · Deaf & Hard of Hearing

March 30, 2022

Chair Guy Guzzone  
Senate Budget and Taxation Committee  
3 West  
Miller Senate Office Building  
Annapolis, Maryland 21401

Chair William C. Smith, Jr.  
Senate Judicial Proceedings Committee  
2 East  
Miller Senate Office Building  
Annapolis, Maryland 21401

### **RE: HB 406: Children in Out-of-Home Placements – Placement in Medical Facilities**

Dear Chair(s) Guzzone, Smith, and Members of the Respective Committees:

The Governor's Office of Crime Prevention, Youth, and Victim Services is submitting this letter of information on behalf of the Children's Cabinet regarding HB 406: Children in Out-of-Home Placements – Placement in Medical Facilities. The Children's Cabinet includes the secretaries from the departments of Budget and Management; Disabilities; Health; Human Services; and Juvenile Services; as well as the State Superintendent of Schools for the Maryland State Department of Education. The Governor's Office of Crime Prevention, Youth, and Victim Services serves as Chair and provides staff support to the Children's Cabinet.

This proposed legislation seeks to change the circumstances under which a court may commit a youth for inpatient psychiatric care; establishing requirements and procedures for the placement of certain children in medical facilities; authorizing a hospital, an emergency facility, or an inpatient facility to petition a court to compel a local department to remove a child from the hospital, emergency facility, or inpatient facility under certain circumstances; requiring the Maryland Department of Health (MDH) or the Department of Human Services (DHS) to provide beds and ensure placement for certain children and be subject to certain remedies for failure to provide beds; requiring a certain facility to ensure that a child is placed in a certain environment; providing that a certain facility may not be liable for certain federal violations under certain circumstances; requiring the Governor to appoint a certain individual to coordinate the carrying out of certain provisions of this Act; establishing the Foster Child Support Fund as a special,

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nonlapsing fund; and establishing the Task Force to Examine the Placement of Foster Children in certain psychiatric treatment providers.

The issue of overstaying psychiatric necessity within an Emergency Department (ED) or hospital is extremely complex and involves multiple systems of care, each with its own policies and procedures. In an effort to decrease the number of youth experiencing a stay in an ED or hospital past medical necessity, the Children's Cabinet worked collaboratively to develop an [Interagency Plan to Address Youth with Complex Needs](#)<sup>1</sup>.

Since the development of this plan, the following has been accomplished by Cabinet agencies:

1. Development of Psychiatric Residential Treatment Facility (PRTF)-Level Beds
  - In FY 21, the Governor provided \$5 million in funding via a Notice of Funding Availability through MDH for providers that will develop programming targeted at the population experiencing overstays.
  - One provider is operational in Western Maryland. As of 3/28/2022, five youth that were in an active overstay have been placed into this program. A second provider is building its operation and is anticipated to start receiving youth in summer 2022.
2. Financial Support to Current Residential Treatment Centers (private RTC providers)
  - MDH updated the rate methodology effective FY 21 to increase the daily rate cap to \$750, eliminate the rolling base year, and rebase rates based on FY 19 expenditures, as well as increased training regarding retrospective rate adjustment under Medicaid rules.
  - MDH received a \$15M appropriation in Supplemental Budget No. 4 - Fiscal Year 2023 (M00Q01.10) to implement a tiered rate payment structure to match reimbursement to the level of service needed by the child for RTCs.
  - \$7M + distribution from ARPA Federal block grant funding to private RTC providers regarding COVID related losses which will make whole for prior losses and allow providers to re-expand staff to full licensed bed capacity.
3. Community-Based/Respite Placements
  - MDH provided funding to staff nearly 40 specialty inpatient psychiatric beds (that were unavailable due to the increased staff costs during the pandemic) in partnership with Sheppard Pratt.
  - 49 specialized high-intensity group home beds were created in 2020 through DHS.
  - A Statement of Need was issued in December 2021 by DHS to obtain 60 community-based beds for psychiatric respite care.
4. Mobile Crisis and Stabilization

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<sup>1</sup>The Children's Cabinet Interagency Plan to Address Youth with Complex Needs can be found here: <http://goccp.maryland.gov/wp-content/uploads/Childrens-Cabinet-Interagency-Hospital-Overstays-Plan.pdf>

- MDH secured \$4.8 million from an emergency COVID grant dedicated to child and family specific model for mobile crisis response and stabilization training (MRSS), technical assistance, implementation, and direct services.
- MDH is dedicating \$1.57 million out of BHA's COVID-related Mental Health Federal Block grant dedicated to development, implementation and ongoing quality monitoring of a child and family specific model for mobile crisis response and stabilization services (MRSS.) These services will help to support youth returning to and remaining in home and community settings.
- MDH is dedicating \$9 million out of BHA's COVID-related Substance Use Disorder Federal Block grant. These funds are earmarked to support and expand mobile crisis response and stabilization services (MRSS), care coordination efforts, training, monitoring, and oversight.
- MDH (BHA and Medicaid) applied for and received a CMS technical assistance grant for almost \$800,000 which is being used to engage Health Management Associates to assist the state in the process of including mobile crisis services into a revised state plan amendment in order to fully access the 85% Federal match opportunity under the American Recovery Plan Act (ARPA).
- On March 18, 2022, MDH announced ongoing initiatives and the progress on [mobile crisis and stabilization services](#).<sup>2</sup> The model currently operating in Harford County and the greater Mid-Shore region—will expand into Allegany, Garrett, Washington, Frederick, St. Mary's, Calvert and Charles Counties over the next three months. All jurisdictions are receiving technical assistance and readiness assessments, and additional phases of expansion are scheduled over the next year.
- Through [Project Bounce Back](#), to address social-emotional learning, MSDE is implementing a statewide Maryland School Mental Health Response Program to assist local school systems and provide technical assistance for accessing behavioral health services for students.

##### 5. Build-out of Evidence-Based Practices (EBPs)/1915i

- Maryland already has the capacity to access enhanced rates for certain EBPs under existing State Plan Amendment and Medicaid waivers (1915b and 1915i).
- These areas are also under exploration for future expansion options through a technical assistance contract under grant funds primarily targeting crisis services, as these EBPs are an essential component of high intensity stabilization services for youth and families.
- Based upon a prior independent audit affiliated with the last Medicaid 1915b waiver renewal, the state recognizes the need to increase both the provider pool (Care coordination providers and 1915i service providers) as well as the

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<sup>2</sup><https://health.maryland.gov/newsroom/Pages/Maryland-Department-of-Health-expands-child-and-adolescent-behavioral-health-crisis-services.-peer-recovery-services.aspx>

utilization of both of these services. Goals include building out the availability of these EBPs and exploring barriers to families accessing these services.

6. Public Awareness Efforts/Relationship Building - State and Local, Public and Private
  - MDH (BHA) is developing training for law enforcement on engagement with mobile crisis teams in a collaborative partnership that supports developmentally appropriate engagement only when absolutely necessary.
  - Strong relationship building continues with the Maryland Hospital Association to partner in identifying possible overstays and coordinating a team to assist in putting a service plan in place.
7. State Level Coordination
  - MDH is establishing an overstay hotline to provide a central registry for discharge planners in hospital emergency departments across the state to call and register a patient that no longer meets medical necessity for an emergency department.
8. Local Care Team (LCTs) Revitalization
  - The Children's Cabinet approved protocols directly linking hospitals with LCTs to open up the communication flow for youth in or at risk of an overstay. The Maryland Hospital Association helped develop those discharge protocols and implementation is underway.
  - The Children's Cabinet dedicates \$1.8 million in funding yearly for every Local Care Team to employ a Local Care Team Coordinator to facilitate the work.
  - Additional staff time support at the local Core Service Agency / Local Behavioral Health Agency are being supported on a county by county basis to the limit of funding availability.

Finally, the Children's Cabinet collaborated in the preparation of the [FY 2021 Out-of-Home-Placement Report](#)<sup>3</sup> which showed improvement in the population experiencing inpatient hospital care.

- 629 placements were identified as either a medical or psychiatric hospital stay which is a 23.4% decrease from FY 2020.
- 9% decrease in all out-of-home placements from FY 2020.

Please feel free to reach out to the Office if any additional information is needed.

Sincerely,



Yesim Karaman

Chief of Staff

Governor's Office of Crime Prevention, Youth, and Victim Services

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<sup>3</sup> The Children's Cabinet FY 21 Out-of-Home Placement Report can be found online here: <http://goccp.maryland.gov/wp-content/uploads/2021-OOHP-Report.pdf>